


D. Arused

Please print or type in the unshaded areas only

Form Approved OMB No 2040-0086

FORM 143 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the General Instructions before starting)		I EPA ID NUMBER VA0087718		TIA C	
II LABEL ITEMS		Virginia Dept Of Corrections Coffeeewood Correctional Center 12352 Coffeeewood Drive Box 500 Mitchells, Virginia 22729 Culpeper County VA0087718		GENERAL INSTRUCTIONS If a preprinted label has been provided affix it in the designated space. Review the information carefully. If any of it is incorrect cross through it and enter the correct data in the appropriate fill-in area below. Also if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear) please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.			
I EPA ID NUMBER							
III FACILITY NAME							
V FACILITY MAILING ADDRESS							
VI FACILITY LOCATION							
II POLLUTANT CHARACTERISTICS							
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions you must submit this form and the supplemental form listed in the parenthesis following the question. Mark X in the box in the third column if the supplemental form is attached. If you answer "no" to each question you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements. See Section C of the instructions. See also Section D of the instructions for definitions of bold-faced terms.							
SPECIFIC QUESTIONS		Mark X YES NO FORM ATTACHED		SPECIFIC QUESTIONS		Mark X YES NO FORM ATTACHED	
A Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		B Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
C Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		D Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
E Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		F Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing within one quarter mile of the well bore underground sources of drinking water? (FORM 4)		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
G Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		H Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
I Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		J Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
III NAME OF FACILITY							
1 SKIP COFFEEWOOD CORRECTIONAL CENTER							
IV FACILITY CONTACT							
A NAME & TITLE (last, first & title)							
2 LEAKE, ROBERT WATER SYSTEMS SUPERVISOR							
B PHONE (area code & no.)							
(540) 829-6483							
V FACILITY MAILING ADDRESS							
A STREET OR P.O. BOX							
3 P.O. BOX 500							
B CITY OR TOWN							
4 MITCHELLS							
C STATE							
VA							
D ZIP CODE							
22729							
VI FACILITY LOCATION							
A STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER							
5 12352 COFFEEWOOD DRIVE							
B COUNTY NAME							
CULPEPER							
C CITY OR TOWN							
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D STATE							
VA							
E ZIP CODE							
22729							
F COUNTY CODE (if known)							

CONTINUED FROM THE FRONT

VII SIC CODES (4-digit, in order of priority)									
A FIRST					B SECOND				
C	D	E	F	G	C	D	E	F	G
7	4	9	5	2	7	4	9	4	1
(specify) DOMESTIC SEWAGE EFFLUENT					(specify) POTABLE WATER PLANT EFFLUENT				
C THIRD					D FOURTH				
C	D	E	F	G	C	D	E	F	G
7					7				
(specify)					(specify)				
VIII OPERATOR INFORMATION									
A NAME									
C	D	E	F	G	H	I	J	K	L
8	V	I	R	G	I	N	I	A	
B Is the name listed in Item VIII-A also the owner?									
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
C STATUS OF OPERATOR (Enter the appropriate letter into the answer box if Other specify)									
F = FEDERAL S = STATE P = PRIVATE					M = PUBLIC (other than federal or state) O = OTHER (specify)				
S					(specify)				
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VA					22729		Is the facility located on Indian lands?		
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9	N				9	P			
VA0087718									
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C	D	E	F	G	C	D	E	F	G
9	U				9				
					(specify)				
C RCRA (Hazardous Wastes)					E OTHER (specify)				
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					(specify)				
XI MAP									
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XII NATURE OF BUSINESS (provide a brief description)									
PERMIT VA0087718 SERVES AN ADULT MALE & A JUVENILE MALE CORRECTIONAL FACILITY AS WELL AS SOME OF THE ADJACENT MITCHELLS COMMUNITY									
XIII CERTIFICATION (see instructions)									
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.									
A NAME & OFFICIAL TITLE (type or print)					B SIGNATURE			C DATE SIGNED	
TIMOTHY NEWTON, ESU DIRECTOR								3/7/13	
COMMENTS FOR OFFICIAL USE ONLY									
C	D	E	F	G	H	I	J	K	L
15	16	17	18	19	20	21	22	23	24

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COMMENTS FOR OFFICIAL USE ONLY

C																				
15	16																			55

SWAP Zone 2 Map

DISTRICT 09

COUNTY/CITY CULPEPER

COFFEEWOOD CORRECTIONAL CENTER

78°2'

78°1'

78°00'

38°23'

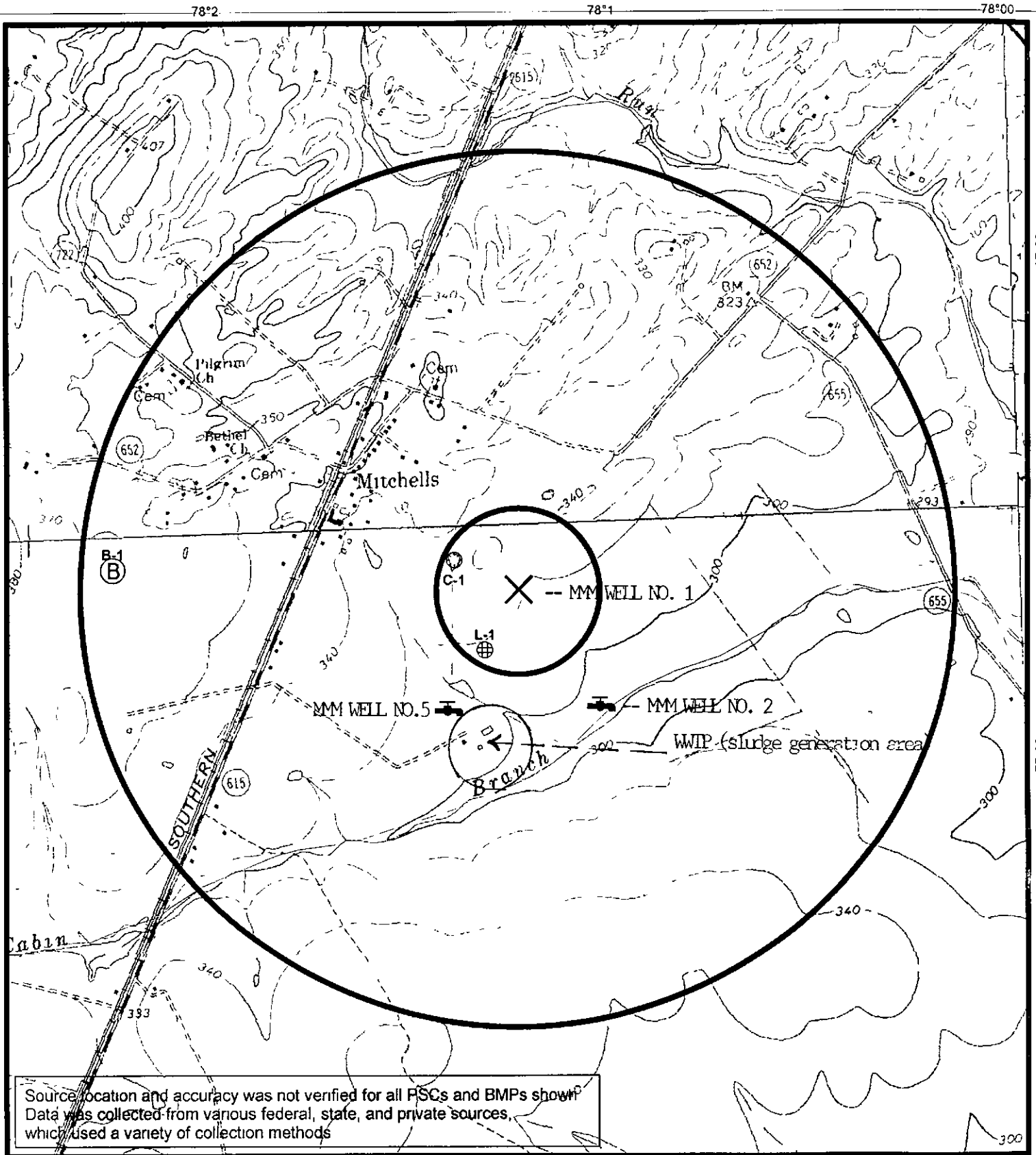
38°23'

38°22'

38°22'

38°21'

38°20'



78°2'

78°1'

Potential Sources of Contamination (P-#)

	Ground Water Sources		Land Use Activities (L-#)
	Selected Water Source		Potential Conduits (C-#)
	LUA Polygons		Best Management Practices (B-#)
	PC Polygons		

VDH VIRGINIA
DEPARTMENT
OF HEALTH
Protecting You and Your Environment

Division of Water Supply Engineering

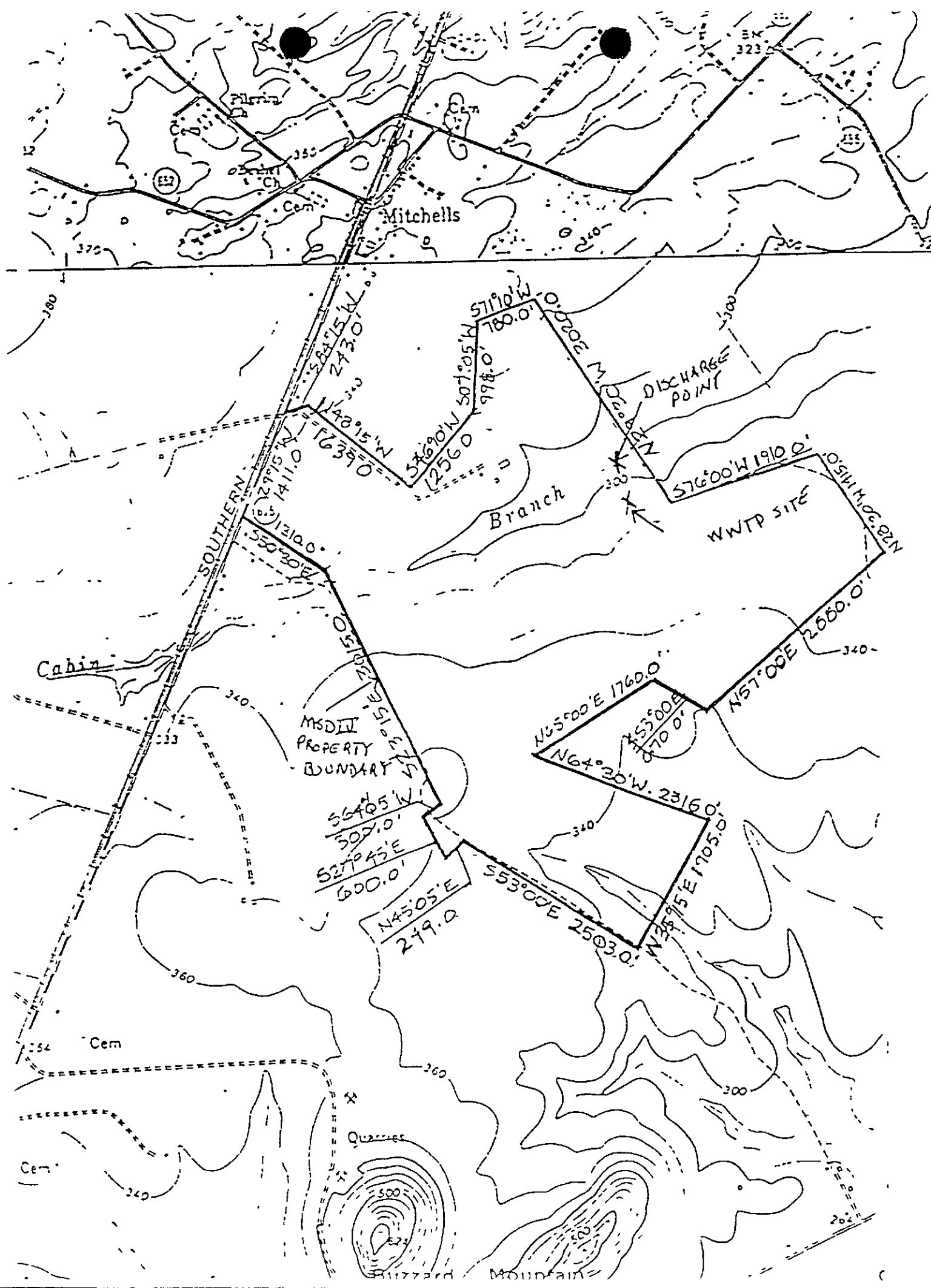


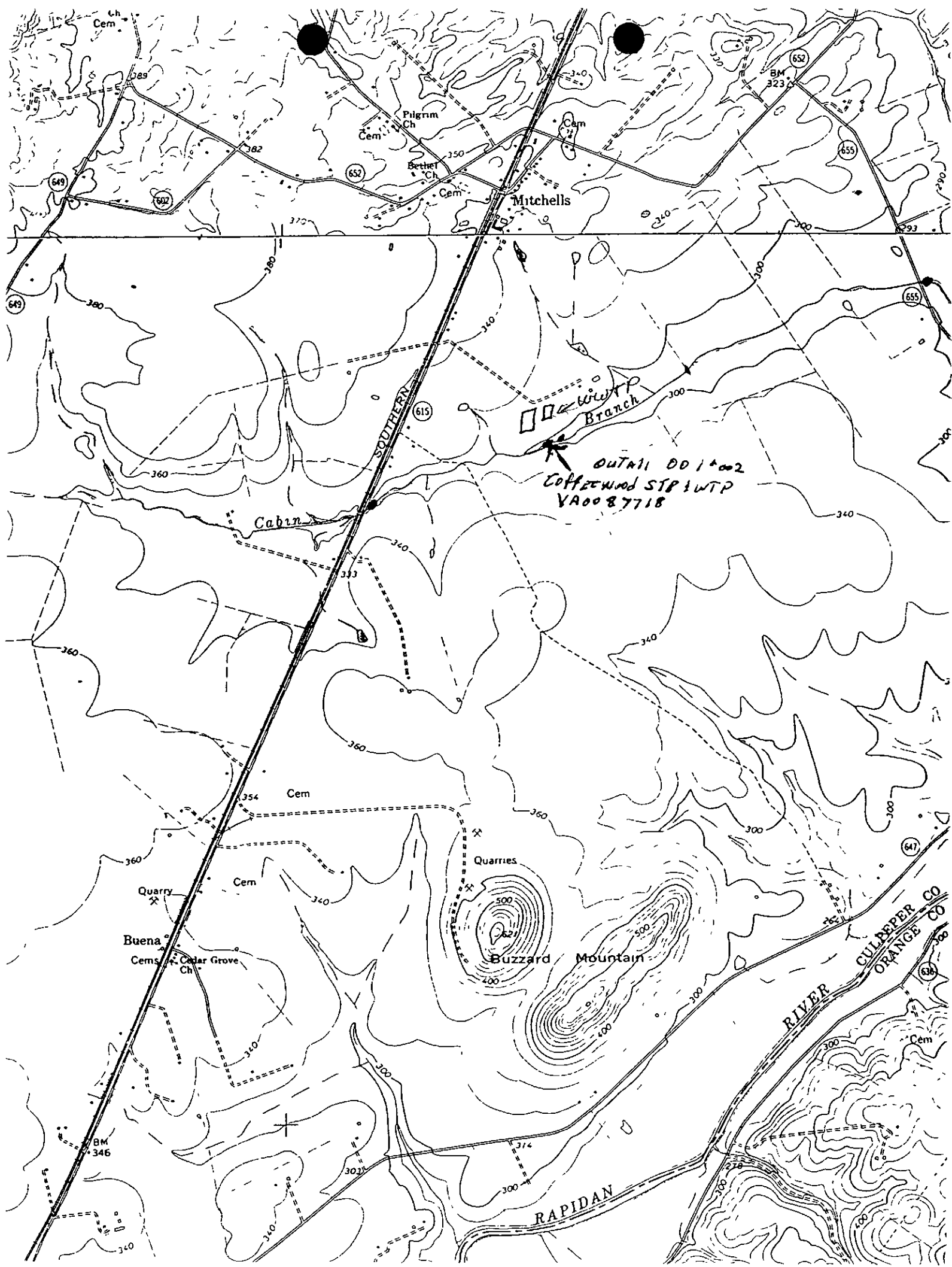
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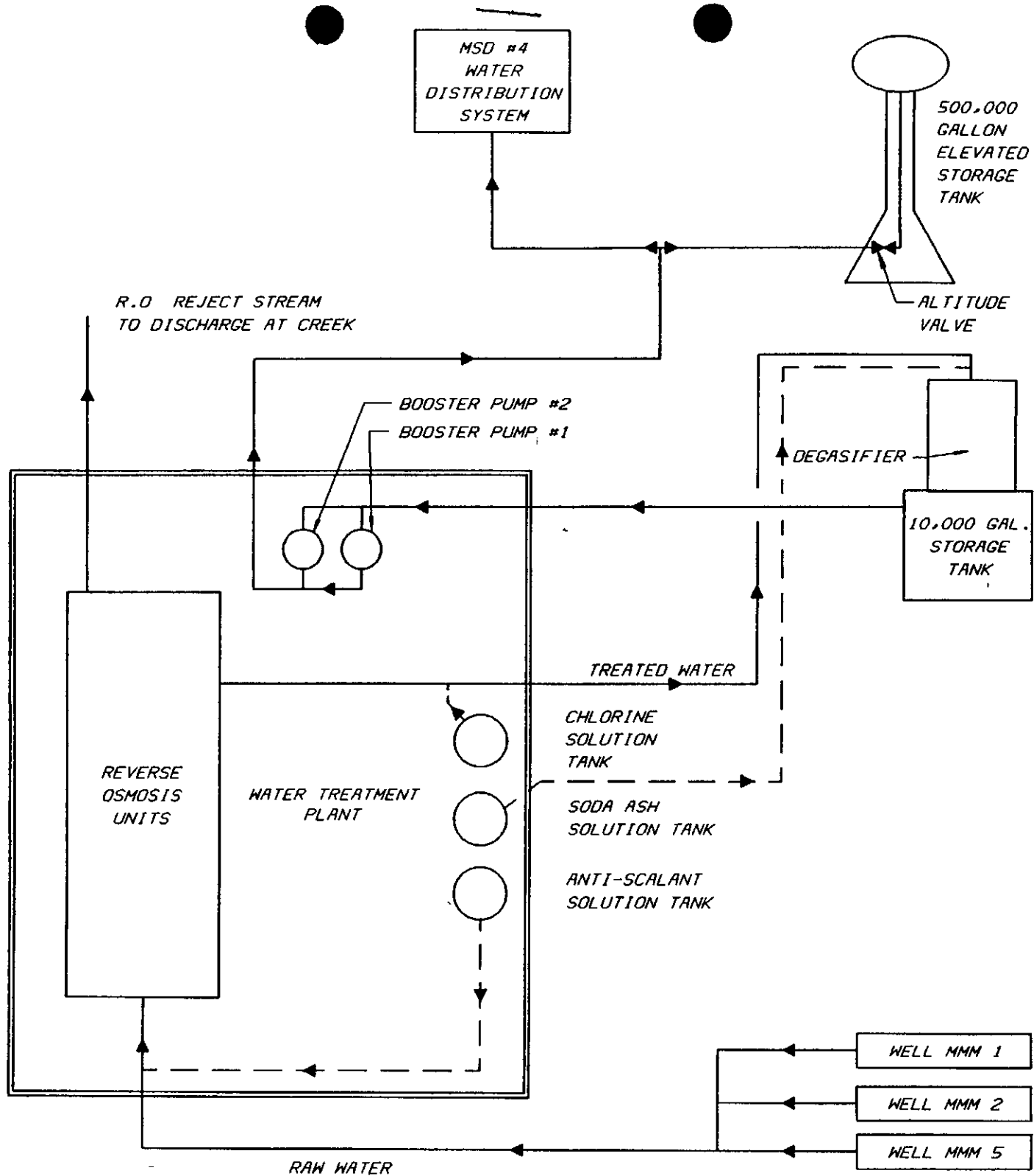
Print Date July 2001

	Landfill
	Discharge No Discharge Facilities
	Discharge
	No Discharge
	DEQSWRO - Storage Tank Releases
	Active
	Closed

	Airports
	Industrial Sites
	Superfund Sites
	Golf Courses
	Underground Injection Wells
	Hazardous and RCRA Sites
	Hospitals
	Tire Piles

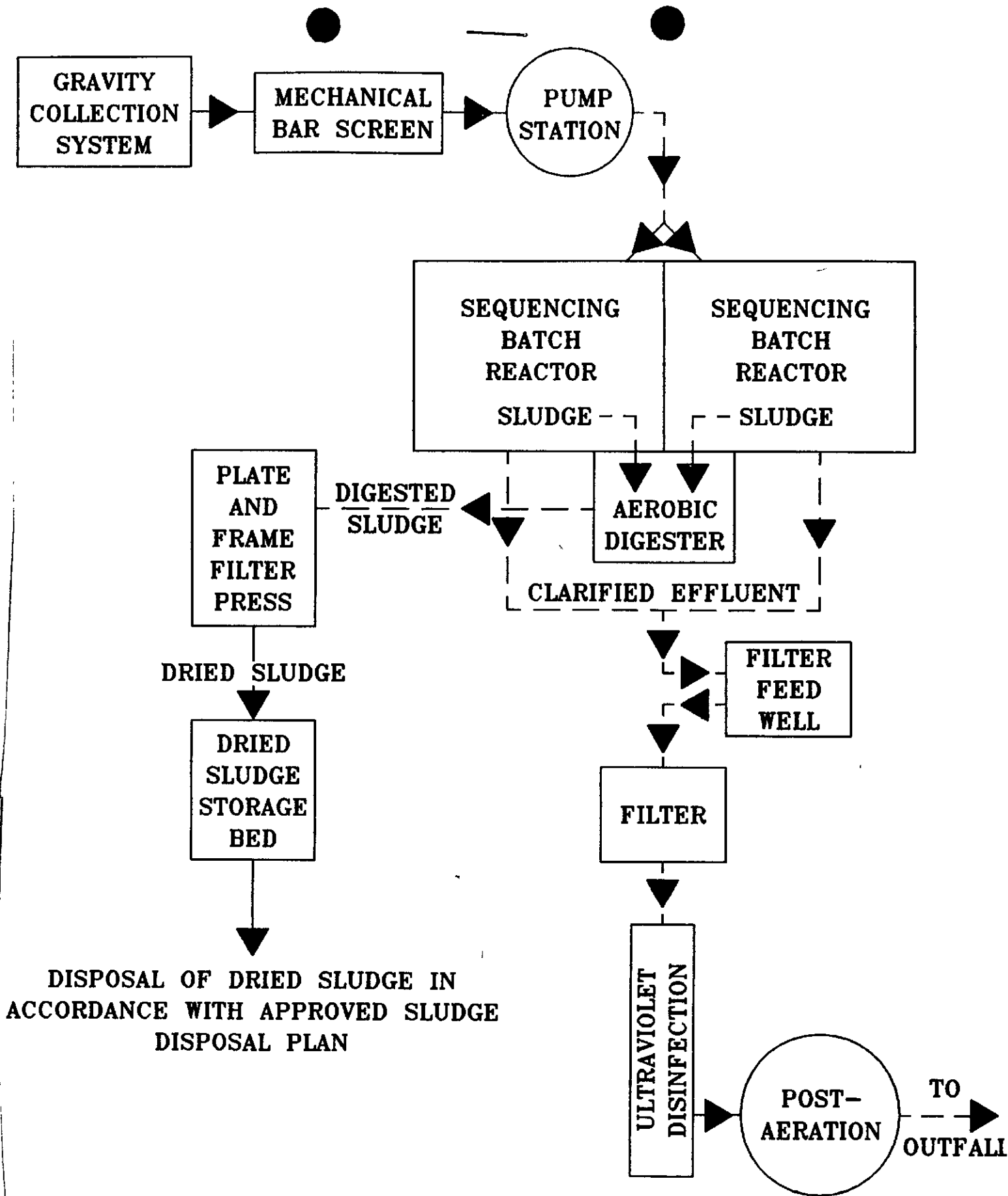






MEDIUM SECURITY DORMITORY NO. 4
CULPEPER, VIRGINIA

WATER TREATMENT PLANT SCHEMATIC



**WASTEWATER TREATMENT PLANT
FLOW SCHEMATIC**

FORM
2A
NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION

- A Basic Application Information for all Applicants** All applicants must complete questions A 1 through A 8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A 9 through A 12.
- B Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B 1 through B 6.
- C Certification** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION

- D Expanded Effluent Testing Data** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data).
 - 1 Has a design flow rate greater than or equal to 1 mgd,
 - 2 Is required to have a pretreatment program (or has one in place), or
 - 3 Is otherwise required by the permitting authority to provide the information.
- E Toxicity Testing Data** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data).
 - 1 Has a design flow rate greater than or equal to 1 mgd,
 - 2 Is required to have a pretreatment program (or has one in place), or
 - 3 Is otherwise required by the permitting authority to submit results of toxicity testing.
- F Industrial User Discharges and RCRA/CERCLA Wastes** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
 - 1 All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions), and
 - 2 Any other industrial user that
 - a Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions), or
 - b Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant, or
 - c Is designated as an SIU by the control authority.
- G Combined Sewer Systems** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

FACILITY NAME AND PERMIT NUMBER
COFFEEWOOD CORRECTIONAL CENTER - VA0087718

Form Approved 1/14/99
OMB Number 2040 0086

BASIC APPLICATION INFORMATION

PART A BASIC APPLICATION INFORMATION FOR ALL APPLICANTS

All treatment works must complete questions A 1 through A 8 of this Basic Application Information packet

A 1 Facility Information

Facility name COFFEEWOOD CORRECTIONAL CENTER

Mailing Address 12352 COFFEEWOOD DRIVE P.O. BOX 500
MITCHELLS, VIRGINIA 22729

Contact person ROBERT LEAKE

Title WATER SYSTEMS SUPERVISOR

Telephone number (540) 829-6483

Facility Address SEE ABOVE

(not P O Box) _____

A 2 Applicant Information If the applicant is different from the above provide the following

Applicant name VIRGINIA DEPARTMENT OF CORRECTIONS

Mailing Address 6900 ATMORE DRIVE
RICHMOND, VIRGINIA 23225

Contact person TIMOTHY NEWTON

Title DIRECTOR, ENVIRONMENTAL SERVICES UNIT

Telephone number (804) 674-3303 X. 1195

Is the applicant the owner or operator (or both) of the treatment works?

☒ owner ☒ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant

☒ facility ☐ applicant

A 3 Existing Environmental Permits Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits)

NPDES VA0087718 PSD _____

UIC _____ Other _____

RCRA _____ Other _____

A 4 Collection System Information Provide information on municipalities and areas served by the facility Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs separate) and its ownership (municipal private etc)

Name	Population Served	Type of Collection System	Ownership
<u>DOC / DJJ INSTITUTIONS</u>	<u>EST 1800</u>	<u>SEPERATE</u>	<u>DOC</u>
<u>MITCHELLS COMMUNITY</u>	<u>EST 100</u>	<u>SEPERATE</u>	<u>CULPEPER COUNTY</u>
_____	_____	_____	_____
Total population served <u>EST 1900</u>			

A 5 Indian Country

- a Is the treatment works located in Indian Country?
☐ Yes ☒ No
- b Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?
☐ Yes ☒ No

A 6 Flow Indicate the design flow rate of the treatment plant (i.e. the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

- a Design flow rate 0.2 mgd
- | | Two Years Ago | Last Year | This Year |
|----------------------------------|-----------------------|-----------------------|--------------------|
| b Annual average daily flow rate | <u>125 mgd (2011)</u> | <u>090 mgd (2012)</u> | <u>NO DATA</u> mgd |
| c Maximum daily flow rate | <u>185 mgd (2011)</u> | <u>135 mgd (2012)</u> | <u>085</u> mgd |

A 7 Collection System Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

- ☒ Separate sanitary sewer 100 %
- ☐ Combined storm and sanitary sewer _____ %

A 8 Discharges and Other Disposal Methods

- a Does the treatment works discharge effluent to waters of the U.S.? ☒ Yes ☐ No
- If yes, list how many of each of the following types of discharge points the treatment works uses:
- i Discharges of treated effluent 1
 - ii Discharges of untreated or partially treated effluent _____
 - iii Combined sewer overflow points _____
 - iv Constructed emergency overflows (prior to the headworks) _____
 - v Other _____
- b Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? ☐ Yes ☒ No
- If yes, provide the following for each surface impoundment:
- Location An emergency holding pond is located on-site for outfall 001, however, it is not used
- Annual average daily volume discharged to surface impoundment(s) _____ mgd
- Is discharge ☐ continuous or ☐ intermittent?
- c Does the treatment works land-apply treated wastewater? ☐ Yes ☒ No
- If yes, provide the following for each land application site:
- Location _____
- Number of acres _____
- Annual average daily volume applied to site _____ Mgd
- Is land application ☐ continuous or ☐ intermittent?
- d Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? ☐ Yes ☒ No

FACILITY NAME AND PERMIT NUMBER
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If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g. tank truck, pipe)

If transport is by a party other than the applicant provide

Transporter name

Mailing Address

Contact person

Title

Telephone number

For each treatment works that receives this discharge provide the following

Name

Mailing Address

Contact person

Title

Telephone number

If known, provide the NPDES permit number of the treatment works that receives this discharge

Provide the average daily flow rate from the treatment works into the receiving facility

mgd

- e Does the treatment works discharge or dispose of its wastewater in a manner not included in A 8 a through A 8 d above (e.g., underground percolation, well injection)?

Yes

No

If yes, provide the following for each disposal method

Description of method (including location and size of site(s) if applicable)

Annual daily volume disposed of by this method

Is disposal through this method

continuous or

intermittent?

FACILITY NAME AND PERMIT NUMBER

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WASTEWATER DISCHARGES

If you answered "yes" to question A 8 a, complete questions A 9 through A 12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A 8 a go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A 9 Description of Outfall

- a Outfall number 001
- b Location MITCHELLS 22729
(City or town, if applicable) (Zip Code)
CULPEPER VIRGINIA
(County) (State)
38 DEG 21 MIN 51 SEC 078 DEG 02 MIN 11 SEC
(Latitude) (Longitude)
- c Distance from shore (if applicable) SHORE BASED ft
- d Depth below surface (if applicable) 0 ft
- e Average daily flow rate 090 mgd
- f Does this outfall have either an intermittent or a periodic discharge?
_____ Yes ☒ No (go to A 9 g)
- If yes, provide the following information:
- Number of times per year discharge occurs _____
- Average duration of each discharge _____
- Average flow per discharge _____ mgd
- Months in which discharge occurs _____
- g Is outfall equipped with a diffuser? _____ Yes ☒ No

A 10 Description of Receiving Waters

- a Name of receiving water CABIN BRANCH CREEK
- b Name of watershed (if known) CHESAPEAKE
United States Soil Conservation Service 14-digit watershed code (if known) UNKNOWN
- c Name of State Management/River Basin (if known) RAPPAHANNOCK
United States Geological Survey 8-digit hydrologic cataloging unit code (if known) UNKNOWN
- d Critical low flow of receiving stream (if applicable)
acute 0 cfs chronic 0 cfs
- e Total hardness of receiving stream at critical low flow (if applicable) N/A mg/l of CaCO₃

FACILITY NAME AND PERMIT NUMBER
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A 11 Description of Treatment

- a What levels of treatment are provided? Check all that apply

____ Primary ____ Secondary
☒ Advanced ____ Other Describe _____

- b Indicate the following removal rates (as applicable)

Design BOD₅ removal or Design CBOD₅ removal >95 %
Design SS removal >95 %
Design P removal N/A %
Design N removal N/A %
Other _____ %

- c What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe

ULTRA-VIOLET LIGHT

If disinfection is by chlorination is dechlorination used for this outfall? ____ Yes ____ No

- d Does the treatment plant have post aeration? ☒ Yes ____ No

A 12 Effluent Testing Information All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged Do not include information on combined sewer overflows in this section All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136 At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart

Outfall number 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	7.0	S U			
pH (Maximum)	8.0	S U			
Flow Rate	205	MGD	125	MGD	>1000
Temperature (Winter)	18	DEGREES C	16	DEGREES C	>500
Temperature (Summer)	29	DEGREES C	26	DEGREES C	>500

* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc	Units	Conc	Units	Number of Samples		

CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5							
	CBOD-5	<5	MG/L	<5	MG/L	>600	SM 5210 B	MDL
FECAL COLIFORM		325	N/CML	<3	N/CML	>200	COLILERT	MDL
TOTAL SUSPENDED SOLIDS (TSS)		<5	MG/L	<2	MG/L	>600	SM 2540 D	MDL

END OF PART A
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER

COFFEEWOOD CORRECTIONAL CENTER - VA0087718

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BASIC APPLICATION INFORMATION

PART B ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day)

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B 1 through B 6. All others go to Part C (Certification)

- B 1 Inflow and Infiltration** Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration _____
_____ <1000 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration

INFILTRATION IS MINOR

- B 2 Topographic Map** Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

- The area surrounding the treatment plant including all unit processes
- The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping if applicable.
- Each well where wastewater from the treatment plant is injected underground
- Wells, springs, other surface water bodies, and drinking water wells that are 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant
- Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed
- If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed

- B 3 Process Flow Diagram or Schematic** Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units including disinfection (e.g. chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B 4 Operation/Maintenance Performed by Contractor(s)Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ☐ Yes ☒ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary)

Name _____

Mailing Address _____

Telephone Number _____

Responsibilities of Contractor _____

- B 5 Scheduled Improvements and Schedules of Implementation** Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B 5 for each. (If none, go to question B 6.)

- List the outfall number (assigned in question A 9) for each outfall that is covered by this implementation schedule

- Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies
☐ Yes ☐ No

FACILITY NAME AND PERMIT NUMBER

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- c If the answer to B 5 b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable)

- d Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable For improvements planned independently of local, State, or Federal agencies indicate planned or actual completion dates as applicable Indicate dates as accurately as possible

Implementation Stage	Schedule MM / DD / YYYY	Actual Completion MM / DD / YYYY
- Begin construction	___/___/___	___/___/___
- End construction	___/___/___	___/___/___
- Begin discharge	___/___/___	___/___/___
- Attain operational level	___/___/___	___/___/___

- e Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☐ Yes ☐ No

Describe briefly _____

B 6 EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY)

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged Do not include information on combined sewer overflows in this section All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods in addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136 At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old

Outfall Number 001

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc	Units	Conc	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS							
AMMONIA (as N)	<0 1	MG/L	<0 1	MG/L	3	SM 4500 NH3	MDL
CHLORINE (TOTAL RESIDUAL TRC)	<0 1	MG/L	<0 1	MG/L	3	SM 4500-CL G	MDL
DISSOLVED OXYGEN	9 5	MG/L	8 0	MG/L	>1000	SM 4500-OG	MDL
TOTAL KJELDAHL NITROGEN (TKN)	<3	MG/L	1	MG/L	>200	SM 4500 NH3 C	MDL
NITRATE PLUS NITRITE NITROGEN	4 48	MG/L	2 49	MG/L	3	SM 4500 NO3 F	MDL
OIL and GREASE	11 9	MG/L	7 73	MG/L	3	EPA 1664A	MDL
PHOSPHORUS (Total)	3 61	MG/L	2 38	MG/L	3	SM 4500 PE	MDL
TOTAL DISSOLVED SOLIDS (TDS)	310	MG/L	283	MG/L	3	SM 2540 C	MDL
OTHER							

END OF PART B.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER

COFFEEWOOD CORRECTIONAL CENTER - VA0087718

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BASIC APPLICATION INFORMATION

PART C CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting



Basic Application Information packet

Supplemental Application Information packet

☐ Part D (Expanded Effluent Testing Data)☐ Part E (Toxicity Testing Biomonitoring Data)☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)☐ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title TIMOTHY NEWTON DIRECTOR, ENVIRONMENTAL SERVICES UNIT

Signature _____

Telephone number (803) 674-3303 X 1195Date signed 2/13/13

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO

Form Approved
OMB No 2040-0086
Approval expires 3-31 98

Please print or type in the unshaded areas only

[illegible]

CONTINUED FROM THE FRONT

C Except for storm runoff, leaks or spills are any of the discharges described in Items II-A or B intermittent or seasonal? <input type="checkbox"/> YES (complete the following table) <input checked="" type="checkbox"/> NO (go to Section III)								
1 OUTFALL NUMBER (list)	2 OPERATION(s) CONTRIBUTING FLOW (list)	3 FREQUENCY		4 FLOW				C DURATION (in days)
		a DAYS PER WEEK (specify average)	b MONTHS PER YEAR (specify average)	a FLOW RATE (in mgd)		B TOTAL VOLUME (specify with units)		
				1 LONG TERM AVERAGE	2 MAXIMUM DAILY	1 LONG TERM AVERAGE	2 MAXIMUM DAILY	

III PRODUCTION			
A Does an effluent guideline promulgated by EPA under Section 304 of the Clean Water Act apply to your facility? <input checked="" type="checkbox"/> YES (complete Item III B) <input type="checkbox"/> NO (go to Section IV)			
B Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)? <input checked="" type="checkbox"/> YES (complete Item III C) <input type="checkbox"/> NO (go to Section IV)			
C If you answered "yes" to Item III-B list the quantity which represents an actual measurement of your level of production expressed in the terms and units used in the applicable effluent guideline and indicate the affected outfalls			
1 AVERAGE DAILY PRODUCTION			2 AFFECTED OUTFALLS (list outfall numbers)
a QUANTITY PER DAY	b UNITS OF MEASURE	c OPERATION PRODUCT MATERIAL ETC (specify)	
1395 TDS	kg/day	concentrate water discharge from reverse osmosis unit	002

IV IMPROVEMENTS					
A Are you now required by any Federal State or local authority to meet any implementation schedule for the construction upgrading or operations of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes but is not limited to permit conditions administrative or enforcement orders enforcement compliance schedule letters stipulations court orders and grant or loan conditions <input checked="" type="checkbox"/> YES (complete the following table) <input type="checkbox"/> NO (go to Item IV B)					
1 IDENTIFICATION OF CONDITION AGREEMENT ETC	2 AFFECTED OUTFALLS		3 BRIEF DESCRIPTION OF PROJECT	4 FINAL COMPLIANCE DATE	
	a NO	b SOURCE OF DISCHARGE		a REQUIRED	b PROJECTED
executive compliance agreement	002	reverse osmosis treatment	unable to meet chronic toxicity limits set forth in the vpdes permit elimination of discharge to cabin branch creek is proposed by constructing a waterline from the town of culpeper	no date for project completion has been set	agreement has been signed between the DOC & the town / county of culpeper copy of agreement is included in package
B OPTIONAL You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan indicate whether each program is now underway or planned and indicate your actual or planned schedules for construction <input type="checkbox"/> MARK 'X' IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED					

EPA ID NUMBER (copy from Item 1 of Form 1)
VA0087718

CONTINUED FROM PAGE 2

V INTAKE AND EFFLUENT CHARACTERISTICS

A B & C See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided
NOTE Tables V-A V-B and V-C are included on separate sheets numbered V-1 through V-9

D Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list briefly describe the reasons you believe it to be present and report any analytical data in your possession

1 POLLUTANT	2 SOURCE	1 POLLUTANT	2 SOURCE
no pollutants listed in table 2c-3 are believed to be present in the discharge from outfall 002			

VI POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ YES (list all such pollutants below)

☒ NO (go to Item VI-B)

CONTINUED FROM THE FRONT

VII BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☒ YES (identify the test(s) and describe their purposes below)

☐ NO (go to Section VIII)

chronic toxicity testing has been performed on the outfall 002 discharge annually for the duration of this permit as specified all test data has been submitted to the woodbridge deq office for review

VIII CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☐ YES (list the name address and telephone number of and pollutants analyzed by each such laboratory or firm below)

☒ NO (go to Section IX)

A NAME	B ADDRESS	C TELEPHONE (area code & no)	D POLLUTANTS ANALYZED (list)

IX CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A NAME & OFFICIAL TITLE (type or print)

Timothy Newton Director, Environmental Services Unit

B PHONE NO (area code & no)

(804) 674-3303

C SIGNATURE

D DATE SIGNED

2/13/13

V INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)

OUTFALL NO
002non

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1 POLLUTANT	2 EFFLUENT						3 UNITS (specify if blank)		4 INTAKE (optional)			
	a MAXIMUM DAILY VALUE (1) CONCENTRATION		b MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION		c LONG TERM AVG VALUE (if available) (1) CONCENTRATION		d NO OF ANALYSES	a CONCENTRATION	b MASS	a LONG TERM AVERAGE VALUE (1) CONCENTRATION		b NO OF ANALYSES
	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION				(2) MASS		
a Biochemical Oxygen Demand (BOD)	<1	<1	<1	<1	<1	<1	3	mg/l	kg/d	no data	nodata	0
b Chemical Oxygen Demand (COD)	no data	no data	no data	no data	no data	no data	0	n/a	n/a	no data	nodata	0
c Total Organic Carbon (TOC)	no data	no data	no data	no data	no data	no data	0	n/a	n/a	no data	nodata	0
d Total Suspended Solids (TSS)	<1	<1	<1	<1	<1	<1	3	mg/l	kg/d	no data	nodata	0
e Ammonia (as N)	no data	no data	no data	no data	no data	no data	0	n/a	n/a	no data	nodata	0
f Flow	VALUE 0 070	VALUE 0 070	VALUE 0 055	VALUE 0 055	VALUE 0 055	VALUE 0 055	60	mgd	n/a	VALUE n/a	VALUE n/a	0
g Temperature (winter)	VALUE 16	VALUE 16	VALUE 16	VALUE 16	VALUE 16	VALUE 16	1/day	°C	°C	VALUE n/a	VALUE n/a	0
h Temperature (summer)	VALUE 17	VALUE 17	VALUE 17	VALUE 17	VALUE 17	VALUE 17	1/day	°C	°C	VALUE n/a	VALUE n/a	0
i pH	MINIMUM 7 5	MAXIMUM 7 7	MINIMUM 7 5	MAXIMUM 7 7	MINIMUM 7 5	MAXIMUM 7 7	60	STANDARD UNITS	STANDARD UNITS	VALUE n/a	VALUE n/a	0

PART B - Mark X in column 2-a for each pollutant you know or have reason to believe is present. Mark X in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly or indirectly but expressly in an effluent limitations guideline you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1 POLLUTANT AND CAS NO (if available)	2 MARK X		3 EFFLUENT				d NO OF ANALYSES	4 UNITS		5 INTAKE (optional)			
	a BELIEVED PRESENT	b BELIEVED ABSENT	a MAXIMUM DAILY VALUE (1) CONCENTRATION		b MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION			c LONG TERM AVG VALUE (if available) (1) CONCENTRATION	a CONCENTRATION	b MASS	a LONG TERM AVERAGE VALUE (1) CONCENTRATION		b NO OF ANALYSES
	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION					(2) MASS		
a Bromide (24959-67-9)	X												
b Chlorine Total Residual	X												
c Color	X												
d Fecal Coliform	X												
e Fluoride (16984-48-8)	X												
f Nitrate-Nitrite (as N)	X												

ITEM V-B CONTINUED FROM FRONT

1 POLLUTANT AND CAS NO (if available)	2 MARK 'X'		3 EFFLUENT						4 UNITS		5 INTAKE (optional)			
	a BELIEVED PRESENT	b BELIEVED ABSENT	a MAXIMUM DAILY VALUE		b MAXIMUM 30 DAY VALUE (if available)		c LONG TERM AVRG VALUE (if available)		d NO OF ANALYSES	a CONCENTRATION	b MASS	a LONG TERM AVERAGE VALUE		b NO OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS						
g Nitrogen Total Organic (as M)		X												
h Oil and Grease		X												
i Phosphorus (as P) Total (7723-14-0)		X												
j Radioactivity														
(1) Alpha Total		X												
(2) Beta Total		X												
(3) Radium Total		X												
(4) Radium 226 Total		X												
k Sulfate (as SO ₄) (14806-79-8)	X		2500 est	500 est	2500 est	500 est	2500 est	500 est	0	mg/l	kg/d	n/a	n/a	0
l Sulfide (as S)		X												
m Sulfite (as SO ₃) (14285-45-3)		X												
n Surfactants		X												
o Aluminum Total (7429-90-5)		X												
p Barium Total (7440-39-3)		X												
q Boron Total (7440-42-8)		X												
r Cobalt Total (7440-48-4)		X												
s Iron Total (7439-89-6)		X												
t Magnesium Total (7439-95-4)		X												
u Molybdenum Total (7439-98-7)		X												
v Manganese Total (7439-96-5)		X												
w Tin Total (7440-31-5)		X												
x Titanium Total (7440-32-6)		X												

CONTINUED FROM PAGE 3 OF FORM 2-C

 EPA ID NUMBER (copy from Item 1 of Form 1)
 VA008 771.8

 OUTFALL NUMBER
 002

PART C - If you are a primary industry and this outfall contains process wastewater refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals cyanides and total phenols. If you are not required to determine Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acetoin, acrylonitrile, 2,4-dinitrophenol or 2-methyl-4,6-dinitrophenol you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise for pollutants for which you mark column 2b you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part, please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

1 POLLUTANT AND CAS NUMBER (if available)	2 MARK "X"			3 EFFLUENT				4 UNITS		5 INTAKE (optional)						
	a TESTING REQUIRED	b BELIEVED PRESENT	c BELIEVED ABSENT	a MAXIMUM DAILY VALUE		b MAXIMUM 30 DAY VALUE (if available)		c LONG TERM AVG VALUE (if available)		d NO OF ANALYSES	a CONCENTRATION	b MASS	a LONG TERM AVERAGE VALUE		b NO OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
METALS CYANIDE AND TOTAL PHENOLS																
1M Arsenic Total (7440-38-2)			X													
2M Arsenic Total (7440-38-2)			X													
3M Beryllium Total (7440-41-7)			X													
4M Cadmium Total (7440-43-5)			X													
5M Chromium Total (7440-47-3)			X													
6M Copper Total (7440-50-8)		X		<10	< 1	<10	< 1	<10	< 1	0	ug/l	kg/d	n/a	n/a	0	
7M Lead Total (7439-92-1)			X													
8M Mercury Total (7439-97-6)			X													
9M Nickel Total (7440-02-0)			X													
10M Selenium Total (7782-49-2)			X													
11M Silver Total (7440-22-4)			X													
12M Thallium Total (7440-28-0)			X													
13M Zinc Total (7440-66-6)		X		<10	< 1	<10	< 1	<10	< 1	0	ug/l	kg/d	n/a	n/a	0	
14M Cyanide Total (57-12-5)			X													
15M Phenols Total			X													
DIOXIN																
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (176-01-6)			X	DESCRIBE RESULTS												

CONTINUED FROM THE FRONT

1 POLLUTANT AND CAS NUMBER (if available)	2 MARK X			3 EFFLUENT						4 UNITS		5 INTAKE (optional)				
	a TESTING REQUIRED	b BELIEVED PRESENT	c BELIEVED ABSENT	a MAXIMUM DAILY VALUE		b MAXIMUM 30 DAY VALUE (if available)		c LONG TERM AVG VALUE (if available)		d NO OF ANALYSES	a CONCENTRATION	b MASS	a LONG TERM AVERAGE VALUE		b NO OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
1V Acetol (107-02-8)			X													
2V Acrylonitrile (107-13-1)			X													
3V Benzene (71-43-2)			X													
4V Bis (Chloro- methyl) Ether (542-88-1)				DELISTED	02-4-81	ANALYSIS	NOT	REQUIRED	FOR	THIS						
5V Bromoform (75-25-2)			X													
6V Carbon Tetrachloride (56-23-5)			X													
7V Chlorobenzene (108-90-7)			X													
8V Chloro- bromomethane (124-46-1)			X													
9V Chloroethane (75-00-3)			X													
10V 2-Chloro- ethylvinyl Ether (110-75-8)			X													
11V Chloroform (67-66-3)			X													
12V Dichloro- bromomethane (75-27-4)			X													
13V Dichloro- difluoromethane (75-71-8)				DELISTED	01-8-81	ANALYSIS	NOT	REQUIRED	FOR	THIS						
14V 1,1-Dichloro- ethane (75-34-3)			X													
15V 1,2-Dichloro- ethane (107-06-2)			X													
16V 1,1-Dichloro- ethylene (75-35-4)			X													
17V 1,2-Dichloro- propane (78-87-5)			X													
18V 1,3-Dichloro- propylene (542-75-6)			X													
19V Ethylbenzene (100-41-4)			X													
20V Methyl Bromide (74-83-9)			X													
21V Methyl Chloride (74-87-3)			X													

1 POLLUTANT AND CAS NUMBER (if available)	2 MARK 'X'			3 EFFLUENT						4 UNITS		5 INTAKE (optional)				
	a TESTING REQUIRED	b BELIEVED PRESENT	c BELIEVED ABSENT	a MAXIMUM DAILY VALUE		b MAXIMUM 30 DAY VALUE		c LONG TERM AVG VALUE		d NO OF ANALYSES	a CONCENTRATION	b MASS	a LONG TERM AVERAGE VALUE		b NO OF ANALYSES	
				(1)	(2) MASS	(1)	(2) MASS	(1)	(2) MASS				(1)	(2) MASS		
22V Methylene Chloride (75-09-2)			X													
23V 1 1 2 2-Tetrachloroethane (79-34-5)			X													
24V Tetrachloroethylene (127-18-4)			X													
25V Toluene (108-98-3)			X													
26V 1 2-Trans-Dichloroethylene (156-60-5)			X													
27V 1 1 1-Trichloroethane (71-55-6)			X													
28V 1 1 2-Trichloroethane (79-00-5)			X													
29V Trichloroethylene (79-01-6)			X													
30V Trichlorofluoromethane (75-69-4)				DELISTED		01-8-87	ANALYSIS	NOT	REQUIRED	FOR	THIS					
31V Vinyl Chloride (75-01-4)			X													
GC/MS FRACTION - ACID COMPOUNDS																
1A 2-Chlorophenol (95-57-8)			X													
2A 2 4-Dichlorophenol (120-83-2)			X													
3A 2 4-Dimethylphenol (105-67-9)			X													
4A 4 6-Dinitro-Cresol (534-52-1)			X													
5A 2 4-Dinitrophenol (51-28-5)			X													
6A 2-Nitrophenol (88-75-5)			X													
7A 4-Nitrophenol (100-02-7)			X													
8A P-Chloro-M-Cresol (59-50-7)			X													
9A Pentachlorophenol (87-86-5)			X													
10A Phenol (108-95-2)			X													
11A 2 4 6-Trichlorophenol (88-05-2)			X													

CONTINUED FROM THE FRONT

1 POLLUTANT AND CAS NUMBER (if available)	2 MARK "X"			3 EFFLUENT						4 UNITS		5 INTAKE (optional)				
	a TESTING REQUIRED	b BELIEVED PRESENT	c BELIEVED ABSENT	a MAXIMUM DAILY VALUE		b MAXIMUM 30 DAY VALUE (if available)		c LONG TERM AVG VALUE (if available)		d NO OF ANALYSES	a CONCENTRATION	b MASS	a LONG TERM AVERAGE VALUE		b NO OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
1B Acenaphthene (83-32-9)			X													
2B Acenaphthylene (208-96-8)			X													
3B Anthracene (120-12-7)			X													
4B Benzidine (92-87-5)			X													
5B Benzo (a) Anthracene (56-55-3)			X													
6B Benzo (a) Pyrene (50-32-8)			X													
7B 3,4-Benzofluoranthene (205-99-2)			X													
8B Benzo (ghi) Perylene (191-24-2)			X													
9B Benzo (h) Fluoranthene (207-08-9)			X													
10B Bis (2 Chloroethoxy) Methane (111-91-1)			X													
11B Bis (2 Chloroethoxy) Ether (111-44-4)			X													
12B Bis (2 Chloroisopropyl) Ether (102-80-1)			X													
13B Bis (2 Ethylhexyl) Phthalate (117-81-7)			X													
14B 4-Bromophenyl Phenyl Ether (101-55-3)			X													
15B Butyl Benzyl Phthalate (85-68-7)			X													
16B 2-Chloronaphthalene (91-58-7)			X													
17B 4-Chlorophenyl Phenyl Ether (7005-72-3)			X													
18B Chrysene (218-01-9)			X													
19B Dibenz (a,h) Anthracene (53-70-3)			X													
20B 1,2-Dichlorobenzene (95-50-1)			X													
21B 1,3,5-trichlorobenzene (641-72-1)			X													

1 POLLUTANT AND CAS NUMBER (if available)	2 MARK X			3 EFFLUENT						4 UNITS		5 INTAKE (optional)				
	a TESTING REQUIRED	b BELIEVED PRESENT	c BELIEVED ABSENT	a MAXIMUM DAILY VALUE		b MAXIMUM 30 DAY VALUE (if available)		c LONG TERM AVRG VALUE (if available)		d NO OF ANALYSES	a CONCEN- TRATION	b MASS	a LONG TERM AVERAGE VALUE		b NO OF ANALYSES	
				(1)	(2) MASS	(1)	(2) MASS	(1)	(2) MASS				(1)	(2) MASS		
228 1,4-Dichloro- benzene (106-46-7)			X													
238 3,3-Dichloro- benzidine (91-94-1)			X													
248 Diethyl phthalate (84-66-2)			X													
258 Dimethyl phthalate (131-11-3)			X													
268 Di-N-Butyl phthalate (84-74-2)			X													
278 2,4-Dinitro- toluene (121-14-2)			X													
288 2,6-Dinitro- toluene (606-20-2)			X													
298 Di-N-Octyl phthalate (177-84-0)			X													
308 1,2-Dimethyl- hydrazine (as Azo benzene) (122-66-7)			X													
318 Fluoranthene (206-44-0)			X													
328 Fluorene (86-73-7)			X													
338 Hexachloro- benzene (118-74-1)			X													
348 Hexachloro- butadiene (87-86-3)			X													
358 Hexachloro- cyclopentadiene (77-47-4)			X													
368 Hexachloro- ethane (67-72-1)			X													
378 Indeno (1,2,3-cd) Pyrene (193-39-5)			X													
388 Isophorone (78-59-1)			X													
398 Naphthalene (91-20-3)			X													
408 Nitrobenzene (98-95-3)			X													
418 N,N-Di- nitrosodimethylamine (62-75-9)			X													
428 N-Nitrosodi- propylamine (621-64-7)			X													

CONTINUED FROM THE FRONT

1 POLLUTANT AND CAS NUMBER (if available)	2 MARK X			3 EFFLUENT						4 UNITS		5 INTAKE (optional)				
	a TESTING REQUIRED	b BELIEVED PRESENT	c BELIEVED ABSENT	a MAXIMUM DAILY VALUE (1)		b MAXIMUM 30 DAY VALUE (if available) (2) MASS		c LONG TERM AVG VALUE (if available) (1) CONCENTRATION		d NO OF ANALYSES	a CONCENTRATION	b MASS	a LONG TERM AVERAGE VALUE (1) CONCENTRATION		b NO OF ANALYSES	
				(1)	(2) MASS	(1)	(2) MASS	(1)	(2) MASS				(1)	(2) MASS		
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)																
438 N-Nitro-sodiumphenylamine (86-30-6)			X													
448 Phenanthrene (85-01-8)			X													
458 Pyrene (129-00-0)			X													
468 1,2,4-Trichlorobenzene (120-82-1)			X													
GC/MS FRACTION - PESTICIDES																
1P Aldrin (309-00-2)			X													
2P α-BHC (319-84-6)			X													
3P β-BHC (319-85-7)			X													
4P γ-BHC (58-89-9)			X													
5P δ-BHC (319-86-8)			X													
6P Chlordane (57-74-9)			X													
7P 4,4'-DDT (50-29-3)			X													
8P 4,4'-DDE (72-55-9)			X													
9P 4,4'-DDD (72-54-8)			X													
10P Dieldrin (60-57-1)			X													
11P α-Endosulfan (115-29-7)			X													
12P β-Endosulfan (115-29-7)			X													
13P Endosulfan Sulfate (1031-07-8)			X													
14P Endrin (72-20-8)			X													
15P Endrin Aldehyde (7421-93-4)			X													
16P Heptachlor (76-44-8)			X													

CONTINUED FROM PAGE V-8

EPA ID NUMBER (copy from Item 1 of Form 1)

OUTFALL NUMBER

1 POLLUTANT AND CAS NUMBER (if available)	2 MARK X a TESTING REQUIRED	b BELIEVED PRESENT	c BELIEVED ABSENT	3 EFFLUENT				4 UNITS		5 INTAKE (optional)		
				a MAXIMUM DAILY VALUE (1)	b MAXIMUM 30 DAY VALUE (1) (if available)	c LONG TERM AVG VALUE (if available) (1)	d NO OF ANALYSES	a CONCENTRATION	b MASS	a LONG TERM AVERAGE VALUE (1)	b NO OF ANALYSES	
17P Heptachlor Epoxide (1024-57-3)			X									
18P PCB-1242 (53469-21-9)			X									
19P PCB-1254 (11097-69-1)			X									
20P PCB-1221 (11104-28-2)			X									
21P PCB-1232 (11141-16-5)			X									
22P PCB-1248 (12672-29-6)			X									
23P PCB-1260 (11096-82-5)			X									
24P PCB-1016 (12674-11-2)			X									
25P Toxaphene (8001-35-2)			X									

EPA Form 3510-2C (8-90)

PAGE V-9

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into four sections. Section A pertains to all applicants. The applicability of Sections B, C and D depends on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1 All applicants must complete Section A (General Information)

2 Does this facility generate sewage sludge? ☒ Yes ☐ No

Does this facility derive a material from sewage sludge? ☐ Yes ☒ No

If you answered "Yes" to either, complete Section B (Generation Of Sewage Sludge or Preparation Of A Material Derived From Sewage Sludge)

3 Does this facility apply sewage sludge to the land? ☐ Yes ☒ No

Is sewage sludge from this facility applied to the land? ☐ Yes ☒ No

If you answer "No" to all above, skip Section C

If you answered "Yes" to either, answer the following three questions

a Does the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?
☒ Yes ☐ No

b Is sewage sludge from this facility placed in a bag or other container for sale or give-away for application to the land?
☐ Yes ☒ No

c Is sewage sludge from this facility sent to another facility for treatment or blending? ☐ Yes ☒ No

If you answered "No" to all three, complete Section C (Land Application Of Bulk Sewage Sludge)

If you answered "Yes" to a, b or c, skip Section C

4 Do you own or operate a surface disposal site? ☐ Yes ☒ No

If "Yes", complete Section D (Surface Disposal)

SECTION A GENERAL INFORMATION

*All applicants must complete this section***1 Facility Information**

- a Facility name COFFEEWOOD CORRECTIONAL CENTER
- b Contact person ROBERT LEAKE
Title WATER SYSTEMS SUPERVISOR
Phone 540 829-6483 X 6341
- c Mailing address
Street or P O Box 500
City or Town MITCHELLS State VIRGINIA Zip 22729
- d Facility location
Street or Route # 12352 COFFEEWOOD DRIVE
County CULPEPER
City or Town MITCHELLS State VIRGINIA Zip 22729
- e Is this facility a Class I sludge management facility? ☐ Yes ☒ No
- f Facility design flow rate 0.2 MGD
- g Total population served APPROX 1700
- h Indicate the type of facility
☐ Publicly owned treatment works (POTW)
☐ Privately owned treatment works
☐ Federally owned treatment works
☐ Blending or treatment operation
☐ Surface disposal site
☒ Other (describe) STATE OF VIRGINIA OWNED TREATMENT WORKS

2 Applicant Information If the applicant is different from the above, provide the following

- a Applicant name VIRGINIA DEPARTMENT OF CORRECTIONS
- b Mailing address
Street or P O Box 6900 ATMORE DRIVE
City or Town RICHMOND State VIRGINIA Zip 23225
- c Contact person TIMOTHY NEWTON
Title ENVIRONMENTAL SERVICES DIRECTOR
Phone 804 674-3303 X 1195
- d Is the applicant the owner or operator (or both) of this facility?
☒ owner ☒ operator
- e Should correspondence regarding this permit be directed to the facility or the applicant?
☒ facility ☐ applicant

3 Permit Information

- a Facility's VPDES permit number (if applicable) VA0087718
- b List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices NONE

Permit Number	Type of Permit
_____	_____
_____	_____

- 4 **Indian Country** Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? ____ Yes ☒ No If "Yes", describe

- 5 **Topographic Map** Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information Maps should include the area one mile beyond all property boundaries of the facility

- a Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed
- b Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries

- 6 **Line Drawing** Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction AEROBIC DIGESTION FOLLOWED BY DE-WATERING USING A PLATE & FRAME HYDRAULIC PRESS PROCESSED SLUDGE DISPOSED OF IN A SANITARY LANDFILL

- 7 **Contractor Information** Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? ☒ Yes ____ No

If "Yes", provide the following for each contractor (attach additional pages if necessary)

Name EFFICIENT ROLL-OFF & RECYCLING, INC

Mailing address

Street or P O Box 13258 UPDIKE DRIVE BOX 250

City or Town CULPEPER

State VIRGINIA

Zip 22701

Phone 540 825-1950

Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge N/A

If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s) THE ABOVE CONTRACTOR TRANSPORTS SLUDGE TO THE LANDFILL

- 8 **Pollutant Concentrations** Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq for this facility's expected use or disposal practices All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old

POLLUTANT	CONCENTRATION (mg/l)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic	<0.5	8/19/09	SW846-6010B	0.5
Cadmium	<0.1	8/19/09	SW848-6010B	0.1
Chromium	<0.5	8/19/09	SW846-6010B	0.5
Copper	N/A	N/A	N/A	N/A
Lead	<0.5	8/19/09	SW846-6010B	0.5
Mercury	<0.002	8/19/09	SW846-7470A	0.002
Molybdenum	N/A	N/A	N/A	N/A
Nickel	N/A	N/A	N/A	N/A
Selenium	<0.1	8/19/09	SW846-6010B	0.1
Zinc	N/A	N/A	N/A	N/A

- 9 **Certification.** Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting.

☒ Section A (General Information)

☒ Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)

☐ Section C (Land Application of Bulk Sewage Sludge)

☐ Section D (Surface Disposal)

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Name and official title Timothy Newton Director, Environmental Services Unit

Signature

Date Signed

2/13/13

Telephone number 804 674-3303 X 1195

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

**SECTION B GENERATION OF SEWAGE SLUDGE OR PREPARATION
OF A MATERIAL DERIVED FROM SEWAGE SLUDGE**

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

1 Amount Generated On Site.

Total dry metric tons per 365-day period generated at your facility 50 (EST) dry metric tons

2 Amount Received from Off Site If your facility receives sewage sludge from another facility for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received If you receive sewage sludge from more than one facility, attach additional pages as necessary NOT APPLICABLE

- a Facility name _____
- b Contact Person _____
Title _____
Phone (_____) _____
- c Mailing address
Street or P O Box _____
City or Town _____ State _____ Zip _____
- d Facility location _____
(not P O Box) _____
- e Total dry metric tons per 365-day period received from this facility _____ dry metric tons
- f Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics

3 Treatment Provided at Your Facility

- a Which class of pathogen reduction is achieved for the sewage sludge at your facility?
☒ Class A ☐ Class B ☐ Neither or unknown
- b Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge AEROBIC DIGESTION TO OBTAIN 38% VOLATILE SOLIDS REDUCTION
- c Which vector attraction reduction option is met for the sewage sludge at your facility?
☒ Option 1 (Minimum 38 percent reduction in volatile solids)
☐ Option 2 (Anaerobic process, with bench-scale demonstration)
☐ Option 3 (Aerobic process, with bench-scale demonstration)
☐ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
☐ Option 5 (Aerobic processes plus raised temperature)
☐ Option 6 (Raise pH to 12 and retain at 11.5)
☐ Option 7 (75 percent solids with no unstabilized solids)
☐ Option 8 (90 percent solids with unstabilized solids)
☐ None or unknown
- d Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge VOLATILE SOLIDS REDUCTION SEALED CONTAINER STORAGE OF PROCESSED SLUDGE
- e Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above NONE

4 Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One of Vector Attraction Reduction Options 1-8 (EQ Sludge)

(If sewage sludge from your facility does not meet all of these criteria, skip Question 4)

- a Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land
NONE
- b Is sewage sludge subject to this section placed in bags or other containers for sale or give-away?
____ Yes ☒ No

5 Sale or Give-Away in a Bag or Other Container for Application to the Land

(Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application Skip this question if sewage sludge is covered in Question 4)

- a Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land NONE
- b Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land N/A

6 Shipment Off Site for Treatment or Blending N/A

(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending This question does not apply to sewage sludge sent directly to a land application or surface disposal site Skip this question if the sewage sludge is covered in Questions 4 or 5 If you send sewage sludge to more than one facility, attach additional sheets as necessary)

- a Receiving facility name _____
- b Facility contact _____
Title _____
Phone (_____) _____
- c Mailing address
Street or P O Box _____
City or Town _____ State _____ Zip _____
- d Total dry metric tons per 365-day period of sewage sludge provided to receiving facility
_____ dry metric tons
- e List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices
- | Permit Number | Type of Permit |
|---------------|----------------|
| _____ | _____ |
| _____ | _____ |
- f Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility?
____ Yes ____ No
- Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?
____ Class A ____ Class B ____ Neither or unknown
- Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge _____

- g Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? ____ Yes ____ No
- Which vector attraction reduction option is met for the sewage sludge at the receiving facility?
____ Option 1 (Minimum 38 percent reduction in volatile solids)
____ Option 2 (Anaerobic process, with bench-scale demonstration)
____ Option 3 (Aerobic process, with bench-scale demonstration)

- ☐ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
- ☐ Option 5 (Aerobic processes plus raised temperature)
- ☐ Option 6 (Raise pH to 12 and retain at 11.5)
- ☐ Option 7 (75 percent solids with no unstabilized solids)
- ☐ Option 8 (90 percent solids with unstabilized solids)
- ☐ None unknown

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge _____

- h Does the receiving facility provide any additional treatment or blending not identified in f or g above?
☐ Yes ☐ No

If "Yes", describe, on this form or another sheet of paper, the treatment processes not identified in f or g above _____

- i If you answered "Yes" to f, g or h above, attach a copy of any information you provide to the receiving facility to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530 G
- j Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? ☐ Yes ☐ No
- If "Yes", provide a copy of all labels or notices that accompany the product being sold or given away
- k Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? ☐ Yes ☐ No If "No", provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility

Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported _____

7 Land Application of Bulk Sewage Sludge N/A

(Complete Question 7 a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6. Complete Question 7 b, c & d only if you are responsible for land application of sewage sludge.)

- a Total dry metric tons per 365-day period of sewage sludge applied to all land application sites
_____ dry metric tons

- b Do you identify all land application sites in Section C of this application? ☐ Yes ☐ No

If "No", submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions)

- c Are any land application sites located in States other than Virginia? ☐ Yes ☐ No

If "Yes", describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification _____

- d Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV)

8 Surface Disposal N/A

(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site)

a Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites _____ dry metric tons

b Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?
_____ Yes _____ No

If "No", answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.

c Site name or number _____

d Contact person _____

Title _____

Phone (_____) _____

Contact is _____ Site Owner _____ Site operator

e Mailing address

Street or P O Box _____

City or Town _____ State _____ Zip _____

f Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site _____ dry metric tons

g List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site.

Permit Number _____ Type of Permit _____

9 Incineration N/A

(Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator)

a Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator _____ dry metric tons

b Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?
_____ Yes _____ No

If "No", answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.

c Incinerator name or number _____

d Contact person _____

Title _____

Phone (_____) _____

Contact is _____ Incinerator Owner _____ Incinerator Operator

e Mailing address

Street or P O Box _____

City or Town _____ State _____ Zip _____

f Total dry metric tons per 365-day period of sewage sludge from your facility fired in this sewage sludge incinerator _____ dry metric tons

g List on this form or an attachment the numbers of all other federal, state or local permits that regulate the firing

of sewage sludge at this incinerator

Permit Number

Type of Permit

10 Disposal in a Municipal Solid Waste Landfill.

(Complete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.)

a Landfill name SHOOSMITH BROTHERS SANITARY LANDFILL

b Contact person TOM TERRY

Phone 804 748-3311

Contact is _____ Landfill Owner ☒ Landfill Operator

c Mailing address

Street or P O Box 11800 LEWIS ROAD

City or Town CHESTER, VIRGINIA Zip 23831

d Landfill location

Street or Route # 11800 LEWIS ROAD

County CHESTERFIELD

City or Town CHESTER, VIRGINIA Zip 23831

e Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill
UNKNOWN

f List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill

Permit Number

Type of Permit

587

DEQ OPERATIONAL PERMIT

g Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq, concerning the quality of materials disposed in a municipal solid waste landfill?

☒ Yes _____ Noh Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq? ☒ Yes _____ Noi Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be watertight and covered? ☒ Yes _____ No

Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported ROUTE 615 E TO ROUTE 522 N - ROUTE 522 N TO ROUTE 3 E - ROUTE 3 E TO I-95 S - I-95 S TO ROUTE 76 S - ROUTE 76 S TO ROUTE 150 S - ROUTE 150 S TO ROUTE 10 E - ROUTE 10 E TO 11800 LEWIS ROAD

VPDES Permit Application Addendum

1 Entity to whom the permit is to be issued Virginia Department Of Corrections

Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner

2 Is this facility located within city or town boundaries? Yes ☐ No ☒

3 Provide the tax map parcel number for the land where the discharge is located. N/A

4 For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities? None

5 What is the design average effluent flow of this facility? 0.2 MGD

For industrial facilities, provide the max. 30-day average production level, include units.

N/A

In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Yes ☐ No ☒

If "Yes", please identify the other flow tiers (in MGD) or production levels

N/A

Please consider the following questions for both the flow tiers and the production levels (if applicable) Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

6 Nature of operations generating wastewater

Domestic Wastewater Plant

100 % of flow from domestic connections/sources

Number of private residences to be served by the treatment works Approx 40

0 % of flow from non-domestic connections/sources

7 Mode of discharge ☐ Continuous ☒ Intermittent ☐ Seasonal

Describe frequency and duration of intermittent or seasonal discharges

SBR treatment plant that discharges 2-4 times per day

8 Identify the characteristics of the receiving stream at the point just above the facility's discharge point:

☒ Permanent stream, never dry

☐ Intermittent stream, usually flowing, sometimes dry

☐ Ephemeral stream, wet-weather flow, often dry

☐ Effluent-dependent stream, usually or always dry without effluent flow

☐ Lake or pond at or below the discharge point

☐ Other

9 Approval Date(s)

O & M Manual 10/11/1995

Sludge/Solids Management Plan 8/30/1995

Have there been any changes in your operations or procedures since the above approval dates? Yes ☐ No ☒

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in accordance with 9VAC25-31-290 C 2.

Agent/Department to be billed Environmental Services Unit

Owner Virginia Dep. of Corrections


Applicant's Address 6900 Atmore Drive

Richmond, VA 23225

Attn: Timothy Newton

Agent's Telephone Number 804-674-3303 X-1195

Authorizing Agent


Signature

VPDES Permit No. VA0087718
Coffeewood Correctional Center

Please return to

Douglas Frasier
VA-DEQ, NRO
13901 Crown Court
Woodbridge, VA 22193-1453
Fax 703-583-3821